Sex is a subject of absorbing interest to mankind through the ages. It is an important aspect of human life and integral to one's physical and psychological health. Sexual dysfunction is prevalent in all parts of the world from the ancient times in varying degrees. Sexual dysfunction is the disturbance in sexual functioning. The impact of sexual dysfunction is devastating. It is reported to adversely affect one's mood, well-being, and interpersonal functioning. The present study is an attempt to understand sexual dysfunction in Indian context. Knowledge about sex reports to play a major role in the sexual functioning of individual. The present study aims to understand the role of sex knowledge in the sexual functioning of the individual. Marital adjustment of couple can have a bearing on their sexual functioning. Better intimacy and adjustment among couples seems to enhance sexual functioning of the couples whereas poor adjustment among couples seems to decrease their sexual functioning. The present study is an attempt to understand the effect of marital adjustment in sexual dysfunction. It is also reported that emotional management of the couples affects their sexual functioning. Similarly emotions and thoughts during sexual activity may have an influence on couple's sexual functioning. Better understanding and management of emotions and thoughts during sexual activity is reported to enhance sexual functioning. Poor expression of emotion and thought during sexual activity can upset one's sexual performance. The present study also looks in to the role of emotional intelligence in sexual functioning. So the present study aims to understand sexual dysfunction in relation to sex knowledge, marital adjustment and emotional intelligence. Similarly the present study plans to design a treatment model for the persons with sexual dysfunctions. Even though there are some treatment models available they are based on western culture and may not be suitable in our culture. Hence there is a need to design a treatment model for sexual dysfunction in Indian context. The present study is also designed to develop a treatment model called ERCoB (Educational, Relational, Cognitive and Behavioural model) in treating patients with sexual dysfunctions. The present study also aims to assess the efficacy of the ERCoB model of sex therapy in treating persons with sexual dysfunctions.

Aim of the study

The present study is intended to understand sexual dysfunction in relation with sex knowledge, marital adjustment and emotional intelligence. It is aimed to assess efficacy of a specially designed treatment program, named 'ERCoB model of sex therapy' in treating patients with sexual dysfunctions.

Objectives of the study

1. To study the nature of sexual dysfunctions in Kerala.
2. To measure the effect of sex knowledge in sexual functioning.
3. To understand the relationship between marital adjustment and sexual adjustment
4. To study the role of emotional intelligence in sexual functioning
5. To measure the effectiveness of a sex therapeutic program (ERCoB) in the management of sexual dysfunctions.

Independent variables of the study

Sex knowledge, marital adjustment and emotional intelligence are treated as the independent variable of the study.

Dependent variable of the study

Sexual dysfunction is treated as the dependent variable of the study.

Hypotheses of the study

The following hypotheses are formulated in this study.

(1) Adequate sex knowledge results in better sexual functioning

(2) Better sex knowledge enhances foreplay (non-sensuality) between partners

(3) Better sex knowledge results in better sexual satisfaction

(4) Better marital adjustment results in better sexual functioning

(5) Better marital adjustment increases communication between partners on sexual matters

(6) Better marital adjustment increases frequency of sex between partners

(7) Better marital adjustment enhances sexual satisfaction

(8) Better emotional intelligence would result in enhanced sexual functioning

(9) Better emotional intelligence enhances sexual satisfaction

(10) Sexual adjustment is a function of sex knowledge, marital adjustment and emotional intelligence

Sample of the study

The sample of the study consists of 140 couples (i.e., 280 subjects), either one of them are diagnosed as having sexual dysfunction (Psychogenic). The present study examines four kinds of sexual dysfunctions namely Male erectile disorder, Premature ejaculation, Female orgasmic disorder and Vaginismus.

Design of the study

The present study is carried out based on pre-post experimental design.

Tools used for data collection

The following psychological tests are administered for the study. Sexual Preference and Behaviour Scale, developed by Mathew and Joseph (2009) is used to measure the independent variable of sex knowledge. Sexual Preference and Behaviour Scale assess sex knowledge in 19 areas.

Marital Quality Scale, developed by Shah (1995) is used to measure the independent variable of marital adjustment. Marital quality scale assesses 12 factors of marital adjustment.

Emotional Intelligence Inventory, developed by Emmaual and Sushama (2003) is used to measure the independent variable of emotional intelligence. Emotional Intelligence Inventory assesses emotional intelligence in 3 areas.

Golombok Rust Inventory of Sexual Satisfaction, developed by Rust and Golombok (1985) is used to measure the dependent variable of sexual dysfunction. It measures sexual dysfunction on nine areas.

Socio demographic data sheet, developed by investigator is used to measure intervening variables of the present study. It collects data on eleven socio demographic variables of the couples.

Statistical analysis

The scores obtained are subjected to different statistical analysis. In order to understand the general trend of the sample descriptive statistics such as Mean, Standard deviation is used in the study.

In order to find out relationship between variables such as sex knowledge, marital adjustment, emotional intelligence and sexual dysfunction Pearson correlation co-efficient is employed in this study.

Mean difference analysis is carried out to understand whether there exists significant difference between pre test and post test data on all variables. Critical ratio is used for this purpose.

In order to find out the effects of variables such as sex knowledge, marital adjustment and emotional intelligence on sexual dysfunction Analysis of Variance (ANOVA) is employed in this study. 2x2x2x factorial design (sex knowledge x marital adjustment x emotional intelligence) is used for this purpose.

Findings of the study

The study reveals that persons with sexual dysfunction and their spouses have poor knowledge about sex and sexual behaviour. They possess unscientific knowledge about sex and carries lots of myths and misconceptions regarding sex. It affects

their sexual functioning and leads to sexual dysfunction. The present study reports that sex knowledge is negatively related to sexual dysfunction and positively related to sexual functioning, marital adjustment and emotional intelligence. Analysis of variance indicates that sex knowledge exerts significant influence on sexual dysfunction. Similarly sex knowledge influences foreplay among couples. Their knowledge about sex influences on avoidance behaviour in sex among partners. Sex knowledge exerts significant influence on communication and frequency of sex between partners. Like wise sex knowledge directly influences satisfaction in sex among partners. The analysis on post test results indicates that ERCoB model of therapy has significantly increased sex knowledge among couples. Improved sex knowledge has enhanced their sexual functioning. Hence the hypothesis that adequate sex knowledge results in better sexual functioning (H1-1) is confirmed by the study. Study also shows that improved sex knowledge among couples enhances their foreplay. Hence the hypothesis that better sex knowledge enhances foreplay between partners (H1-2) is confirmed by the study. Study reveals that improved sex knowledge has enhanced the sexual satisfaction among couples. Hence the hypothesis that adequate better sex knowledge results in better sexual satisfaction (H1-3) is confirmed by the study. Therefore the present study point out that sex knowledge is an essential prerequisite for better sexual functioning.

The present study indicates that patients and their spouses have poor marital adjustment among them. Inadequate marital adjustment among couples affects their sexual functioning and leads to sexual dysfunction. Marital adjustment is negatively associated with sexual dysfunction and positively associated with sexual functioning, sex knowledge and emotional intelligence. Results of ANOVA indicate that marital adjustment does not influence on sexual dysfunction directly. At the same time marital adjustment directly influences foreplay and frequency of sexual activity among couples. Marital adjustment exerts significant influence on avoidance behaviour in sex among partners. Similarly marital adjustment among couples influences their sexual satisfaction. The analysis on post test results indicates that ERCoB model of therapy has significantly enhanced the marital

adjustment among couples. The study points out that improved marital adjustment among couples has enhanced their sexual functioning. It indicates that better marital adjustment among partners results in better sexual functioning. Hence the hypothesis that better marital adjustment results in better sexual functioning (H1-4) is confirmed by the study. The present study points out that improved marital adjustment among couples has increased communication between partners on sex matters. Hence the hypothesis that better marital adjustment increases communication between partners on sexual matters (H1-5) is confirmed by the study. The present study shows that improved marital adjustment among couples has increased their frequency of sexual activity. Hence the hypothesis that better marital adjustment increases frequency of sex between partners (H1-6) is confirmed by the study. Study also reveals that improved marital adjustment among couples enhances sexual satisfaction. Hence the hypothesis that better marital adjustment enhances sexual satisfaction (H1-7) is confirmed by the results of the study. Thus it is clear from the results that better marital adjustment among partners is a necessary prerequisite for healthy sexual functioning.

The study also hinds at the possibility that low level of emotional intelligence may result in sexual dysfunction. The present study reveals that patients and their spouses shows inadequate emotional adjustment before therapy. Because of their low emotional intelligence they find it difficult to manage their emotions adequately. Their low emotional intelligence is reflected in their poor interpersonal and intrapersonal efficacy. Therefore their low emotional intelligence affects their marital and sexual functioning. Emotional intelligence is negatively related to sexual dysfunction and positively related to sexual functioning, sex knowledge and marital adjustment. Analysis of variance indicates that emotional intelligence exerts significant influence on sexual dysfunction. Emotional intelligence shows significant influence on foreplay among partners. The analysis on post test results indicates that ERCoB model of therapy has significantly enhanced emotional efficacy among couples. Improved emotional efficacy among couples has enhanced their sexual functioning. Hence the hypothesis that better emotional intelligence

would result in enhanced sexual functioning (H1-8) is confirmed by the study. The present study also shows that improved emotional intelligence results in better sexual satisfaction. Hence the hypothesis that better emotional intelligence enhances sexual satisfaction (H-9) is confirmed by the study. So the study point out that better emotional efficacy is important for satisfactory sexual functioning among couples.

Sex knowledge and emotional intelligence exerts significant interaction effect on female orgasmic disorder and foreplay among partners. Marital adjustment and emotional intelligence shows an interaction effect on female orgasmic disorder, frequency of sexual activity and communication regarding sex among partners. Sex knowledge, marital adjustment and emotional intelligence exhibits joint interaction effect on foreplay, communication regarding sex and avoidance behaviour in sex among partners. ERCoB model of therapy has enhanced sex knowledge, marital adjustment and emotional management among couples. The increased sex knowledge, marital adjustment and emotional efficacy resulted in better sexual functioning among them. It indicates that better sex knowledge, marital adjustment and emotional intelligence results in better sexual functioning whereas low sex knowledge, marital adjustment and emotional intelligence results in sexual dysfunction among couples. It reveals that adequate sex knowledge, marital adjustment and emotional intelligence are precondition for healthy sexual functioning. Therefore the hypothesis (H1–10) that sexual adjustment is a function of sex knowledge, marital adjustment and emotional intelligence is confirmed by the results of the study. Similarly it also points out the efficacy of ERCoB model of therapy in treating patients with sexual dysfunction. It proves the effectiveness of the sex therapeutic program called ERCoB model in the management of sexual dysfunctions in the Kerala context.

Conclusions of the study

Based on analysis of data in the present study following conclusions are drawn.

1. Sex knowledge is an essential prerequisite for better sexual functioning. Better knowledge about sex results in better sexual functioning. Better sex knowledge enhances foreplay, frequency of sexual activity, and sexual satisfaction among couples.

2. Adequate marital adjustment among partners is necessary for healthy sexual functioning. Better adjustment among couples results in better sexual functioning. It enhances foreplay, communication regarding sex, frequency of sexual activity and sexual satisfaction among couples.

3. Adequate emotional efficacy is essential for satisfactory sexual functioning. Better emotional intelligence enhances foreplay, sexual satisfaction among couples.

4. Sexual adjustment is a function of sex knowledge, marital adjustment and emotional intelligence.

5. ERCoB model of therapy is highly effective in treating patients with sexual dysfunction.